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John Kravitz
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GEISINGER
HEALTH SYSTEM

September 6, 2012

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Portals II, Room TW-A325
Washington, DC 20554

Re: Connect America Fund, WC Docket NO. 10-90; Rural Health Care Support Mechanism, WC Docket No. 02-60 Ex Parte Notice

Dear Ms. Dortch:

On September 4, 2012, John Kravitz, Associate Vice President of Information Technology External Customer Relations and Mary Honicker, Lead System Analyst of Geisinger Health System had a conference call with Linda Oliver, Chin Yoo, and Mark Walker of the Telecommunications Access Policy Division of the Wireline Competition Bureau regarding Geisinger's dedication of providing future telemedicine services to community hospitals through the Rural Health Care Pilot Project.

During the conversation, we discussed the importance of on-going support from the FCC Rural Health Care Pilot Program for urban, rural and for-profit facilities. John Kravitz explained the profound difficulties that community hospitals face in starting a telemedicine program. Mary Honicker noted that community hospitals often can't fund both broadband services and telemedicine equipment at the same time. A solution to this issue would be to leverage multiple federal programs but the inconsistent definitions of rural impede the ability to facilitate a coordinated telehealth project. Another alternative is for the telemedicine provider to fund the broadband or the modality equipment, but Stark regulations are restrictive.

Geisinger's approach to the use of telemedicine to support the community hospital is focus on the patient. We feel that community hospitals have very competent staff which can adequately treat their patient population with some additional consultative support. We are happy to share our expertise when the focus is on the patient's well-being.

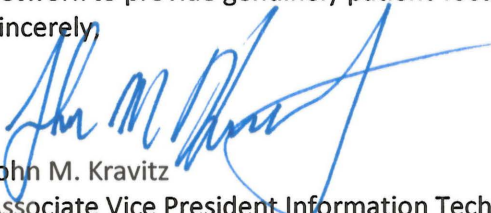
With the influx of Shale drilling in our service area, the demand for rural community hospitals to treat temporary-housed residents with the same medical resources can be an undertaking.

Specialized consults are imperative to keep patients close to home and work while the struggling community hospital retains the much needed revenue and jobs in their community.

One of Geisinger's lessons learned in the Pilot program is that broadband needs for health care providers are not one-size fits-all. Through research, experiment, and testing, we concluded that broadband size is dictated by the type of telemedicine services needed at each site, whether the telemedicine service is real-time, and if there is a need for layered services at a particular site.

Geisinger's goal and vision is to develop a practical, reliable, and competent community network to provide genuinely patient-focused, coordinated care regardless of location.

Sincerely,



John M. Kravitz
Associate Vice President Information Technology
Geisinger Health System